

passed through melancholia before presenting himself. He frequently cried and groaned, said afterward that the reason he did not speak was because he believed it had been decreed that if he uttered a word his mother would instantly die. The third case, a physician, was seen in the stage of melancholia attonita, attended with cataleptoid symptoms. If physical efforts were used, his whole muscular system was thrown into extreme tension. Another case presented much the same symptom. Dr. Hammond says that "katatonia is of rather favorable prognosis. It appears in the first stage, at least, to be a vaso-motor affection characterized by a paralysis of the vascular coats, and by consequent cerebral hyperæmia."

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CLASSIFICATION OF INSANITY.—Kiernan (*Detroit Lancet*, February, 1883) gives the following classification of insanity: primary monomania, which corresponds in part to the systematized insanity and mania raisonnante of the French, the primäre Verrücktheit of the Germans, the imbecility of the first grade of Ray and Nichols, the chronic mania of Lockhart Robertson and some other English authors, the first variety of the third type of Celsus, melancholia in the sense of Burton, Esquirol's monomania and lypemania, the types of insanity included in Krafft-Ebing's psychical degenerative states, Morel's hereditary insanities, Luys' third class, the intellectual insanity of Hammond and Maudsley, and certain cases of chronic mania of the asylum reports. Secondary monomania, which differs from primary monomania in the fact that the former is secondary to morbid conditions affecting the patient's constitution. In it there is a change of character, in the latter there is none. Chronic mania with confusion of ideas, which is a form in which the derangement of the associating power is much more marked; chronic mania with imbecility, which is a combination of primary monomania, with ideas and delusions which bear the same relation to those of the higher types of monomania that ideation of the child does to that of the grown man. Epileptic alienation: the reason for the formation of the types into one class of epileptic alienation is self-obvious. Recurrent insanity, which is called also periodical insanity or mania, recurs at intervals more or less regular, sometimes bearing relation in the female to menstruation. The form is the same in each individual case, and its essential characteristic is periodicity. Circular insanity, which is called also folie circulaire and cyclothymia, is a typically cyclical affection, in which mania and melancholia follow each other in rapid alternation. The melancholic stage is usually in precedence, and the alternation varies considerably in the various types, but is the same for each individual case. Idiocy, which is generally regarded as a condition in which the patient is congenitally mentally affected from teratological defect. Imbecility, which is regarded as one in which pathological defect during uterine life is the cause; strictly

speaking, the latter is a higher form of the first. Hebephrenia, which is called also insanity of pubescence or masturbation, is a progressive affection, always beginning at or after puberty. It runs a more or less cyclical course, beginning with depression. There are emotional states, and affective states of an erotic tinge. When the latter exist religious ideas also appear. There are vague and ill-defined delusions of persecution. Simulation is not an uncommon phenomenon. They are disgustingly and obtrusively egotistic. There is a lack of genuineness in their melancholic and maniacal states. Katatonia corresponds to certain cases of melancholia described by Tuke, Sankey, and others. It is a form of insanity originating in early life, which commences by melancholia and passes through maniacal and cataleptoid alternations, attended by the use of theatrical words, manner, and gestures during the period of calm or moderate maniacal excitement. Acute mania: the patient displays violence, is noisy and destructive. There is much motor excitability, and delusions, if existent, are optimistic in character. Lypemania, or melancholia, or dysthymia (of Kahlbaum) exhibits just the converse phenomena. These patients are possessed of either an extended sadness or of purely subjective delusions of persecution. There are usually four types, with frenzy, agitata, attonita, and simple. Progressive paresis, the paralytic dementia, progressive paralysis, general paresis, general paralysis of the insane, general paralysis of various authors, is a type of insanity in which marked physical symptoms affecting the pupils, lips, gait, etc., are commingled with, as a rule, expansive unsystematized delusions. Dementia, which is characterized by a marked weakness of all the mental faculties.

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TORTURE AND SEXUAL EXCITEMENT.—The relation between certain auto-mutilations and sexual excitement was long ago remarked by Montaigne, who said that "lust seeks self-stimulation even in pain." It has been noticed that hebephreniacs often mutilate themselves, not from a sense of penance, but with obvious enjoyment. Dr. G. M. Cox (*Alienist and Neurologist*, April, 1883) cites an instance of the relation of these seemingly opposed agencies. The victim was a man—who had a wife and several children—of good character, and otherwise sound mentally; but who, at stated periods, displays certain peculiarities. He has never been known to cohabit with a lewd woman nor to speak an immodest word; yet he is a regular visitor and, in his way, a liberal customer of houses of ill-repute. He goes early in the afternoon, selects two of the largest girls in the house, repairs to a private room, and locks the door. He divests himself of all his clothing, except his trousers and boots. Then, lying on the floor, he commands his companions to walk over his naked chest, neck, and face, taking care to stop and grind his flesh with their boot-heels. He then buys wine for his tormentors, but drinks none himself. This system of self-torture goes on for a couple of hours. It is said that